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CONFIRMATION NO. 1041

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/728,783 | <b>FILING OR 371(c)<br/>DATE</b><br>12/08/2003<br><b>RULE</b> | <b>CLASS</b><br>347 | <b>GROUP ART UNIT</b><br>2861 | <b>ATTORNEY DOCKET<br/>NO.</b><br>MTB09US |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Kia Silverbrook, Balmain, AUSTRALIA;

## CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/307,330 12/02/2002 PAT 6,666,544  
which is a CON of 10/120,439 04/12/2002 PAT 6,536,874

## FOREIGN APPLICATIONS \*\*\*\*\*

## REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

1/16/2004

|  |  |                                 |                               |                                    |
|--|--|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>AUSTRALIA | <b>SHEETS<br/>DRAWING</b><br>15 | <b>TOTAL<br/>CLAIMS</b><br>32 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                                 |                               |                                    |
| Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>  |  |                                 |                               |                                    |

## ADDRESS

AIR MAIL

4011

## TITLE

INKJET PRINTHEAD WITH NON-UNIFORM WIDTH INK SUPPLY PASSAGE TO NOZZLE

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1372 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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